

PARTICIPATION APPLICATION
STATE TREASURY MONEY MANAGEMENT TRUST FUND

Send completed application to Money Management Fund, 220 State Capitol, Little Rock, AR 72201 or fax to 682-1521.

Date: _____

MEMBERSHIP DATA

Name of Participant: _____

Account Name: _____ County: _____

Address: _____ Phone: _____

_____ Fax #: _____

PERSONS TO CONDUCT FUND TRANSACTIONS -- Designate one to receive statements

Name (Print or Type):	Title:	Signature:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK WHICH WILL PROCESS TRANSFERS TO AND FROM FUND

Bank Name: _____

Bank Address: _____

Bank T/R Number: _____

Account Number: _____

Name of Account: _____

NOTARIZATION

(I/we) hereby make oath that (I/we) are authorized by the entity named above to enter into this agreement with the Arkansas Money Management Trust Fund and to transact business therewith. The entity accepts the terms and conditions of the Fund as may be set forth from time to time by the State Treasurer in authorized written communication. We agree to provide prompt written notification of any change in authorized personnel.

Name (Print or Type):	Title:	Signature of Authorized
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Officer(s):		
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_____	_____	_____
_____	_____	_____

Sworn before me this ____ day of _____, 200_; County of _____; State of Arkansas

Notary Public Signature: _____ Date My Commission Expires: _____ Seal:

For Fund Office Use Only

Account Number Assigned: _____ Date: _____

APPLICATION INSTRUCTIONS

Return this application to Money Management Fund, 220 State Capitol, Little Rock, AR 72201. A copy should be retained for your records. Complete the lines on the application as follows:

Date is current date on which application is completed.

MEMBERSHIP DATA

Name of Participant is the name of the entity for which the account(s) is being opened.

Account Name is the name in which the participant wishes the Fund to carry its account. Names may reflect the purpose for which funds are being invested, e.g. "General Fund".)

Address is the mailing address to which all Fund statements and other mailed communication is to be directed.

County is the name of the county in which your entity is located.

Phone is the telephone number at which an authorized person of your unit can be reached regarding Fund matters.

Fax Number is the number of the facsimile machine convenient to your operation (if applicable).

PERSONS TO CONDUCT FUND TRANSACTIONS

Name, Title, and Signature of the individuals of your unit who are designated to transact business in the **Fund**. Please indicate with an asterisk the person to whom statements should be mailed.

BANK WHICH WILL PROCESS TRANSFERS TO AND FROM FUND

Bank Name is the bank from which you will make Fund deposits and to which withdrawals from the Fund will be sent.

Bank Address is the mailing address of the bank named above.

Bank Transit/Routing Number is the routing number of the bank named above.

Account Number is the number of your account at the bank named above.

Name of Account is the designated name in which the bank named above carries your account.

NOTARIZATION

Name, Title, and Signature of the authorized officer(s) entering into this agreement with the Fund for the participant. Officer(s) should sign application before a notary public.

Notary Public Signature, Dates and Seal must be completed by a notary public in order for your application to be accepted.

NOTE: Upon receipt and acceptance of this application by the Fund office, you will be notified by mail of your Fund account number. You will have to have this number in order to transact business in the Fund and the identity of the number should be restricted to authorized personnel.

Should there be any changes to the information on this application, an Information Change Form should be completed immediately.